

The Kentucky Board of Ophthalmic Dispensing
P.O. Box 1360
Frankfort, KY 40602
502-564-3296 (phone) 502-564-4818 (fax)
<http://bod.ky.gov>

APPRENTICE CHANGE OF SPONSOR FORM

Pursuant to KRS 326.035 the Kentucky Board of Ophthalmic Dispensers has provided an apprentice training program. Since this program is designed to encourage apprenticeship training and the development of highly skilled and well-qualified ophthalmic dispensers, the Board will limit the number of apprentices to not more than two (2) apprentice to each active registered Ophthalmic Dispenser in each establishment.

Must be completed in full - Incomplete forms will be returned.

Name of Apprentice: _____ License # _____

Current Mailing Address: _____
Email Address: _____

1. Name of licensed Ophthalmic Dispenser under whom you will receive your training: _____
License # _____

2. Is your sponsor the owner ☐ , manager ☐ , or employee ☐ of the company where you will be working?

3. Will your work be ophthalmic dispensing under the direct supervision of a licensed Ophthalmic Dispenser?
Yes ☐ No ☐ **If no, attach explanation.**

4. Name of previous sponsor _____

5. Last Date of Current Sponsorship: _____

6. Effective Date of New Sponsorship: _____

Apprentice Signature

Date

SPONSOR'S AFFIDAVIT

I, the sponsor of record for the above named apprentice, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. Further, I accept full responsibility for training the above named apprentice according to the schedule attached and to encourage the completion of the ABO and NCLE within the two-year apprenticeship term.

If, for any reason, the conditions of this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my Kentucky license is current, and will be maintained throughout this period.

Sponsor's Name: _____ Sponsor's License #: _____

Sponsor's Signature: _____ Date: _____

Business Name: _____ Phone: _____

Business Address: _____

Are you currently sponsoring another apprentice? Yes _____ No _____ If yes, please list name and license number below.

*****A training schedule prepared by sponsor must be attached before processing.*****